

744 525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

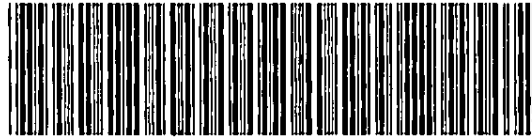
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800358993608

02/01/21--01015--026 **35.00

FILED
2021 FEB -1 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Institute for Intergovernmental Research, Inc.

2. The principal office address: 2050 Centre Pointe Blvd, Tallahassee, FL 32309

3. The mailing address (if different): P O Box 12729, Tallahassee, FL 32317

4. Date of incorporation/qualification: 10/11/1978 Document number: 744525

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Emory B. Williams - RESIGNED as Chairman
3049 Sawgrass Circle
Tallahassee, FL 32309

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

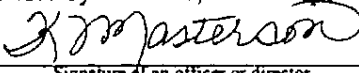
Rick S. Gregory, Chairman
2050 Centre Pointe Blvd.
Tallahassee, FL 32308

P.O. Box NOT acceptable

2021 FEB -1 PM 2:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

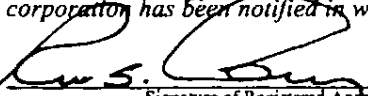
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Kathleen T. Masterson, CFO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

12/18/2020
Date

If signing on behalf of an entity:

Rick S. Gregory
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)